

HEARING SUMMARY

REGULATION: 172 NAC 87, Licensure of Surgical First Assistant

DATE OF HEARING: September 15, 2021

Name/Affiliation of Person Commenting	Comments	Department Response
1. Rita Weber, RN, MSN 2. Don Wesely, NNA	The varied use of the term delegation in several areas of these regulations is confusing and creates more questions than clarity. The licensed Surgical First Assistant has a scope of practice in statute that is straight forward and clear. The NNA recommends removing the confusing reference to delegation.	
2. Josephine Colacci – AST Cynthia Kreps – AST & Southwest Community College	II. AST Opposes the Inclusion of Passing Score Numbers in Section 003.02. Section 003.01 indicates that an individual must show “[p]roof of having passed the National Board of Surgical Technology and Surgical Assisting (NBSTSA) examination with a score of 112 or above.” The NBSTSA’s current passing score for the CSFA is 97 out of the 150 scored questions. NBSTSA is a private organization comparable to the American Institute of Certified Public Accountants (AICPA). According to the regulations adopted in Nebraska for Certified Public	

	<p>Accountants, the Board of Public Accountancy uses the AICPA examination and grading service.² The regulations for Certified Public Accountants do not include a specific passing score number as is being proposed in the regulation for surgical assistants. Instead, the regulations point to AICPA's exam and grading service, which leaves the passing score to be determined by AICPA. Therefore, AST opposes and seeks to remove Section 003.02 (A-D) because NBSTSA, as a private organization, should determine the passage scores for its exam.</p>	
<p>3. Josephine Colacci – AST Cynthia Kreps – AST & Southwest Community College</p>	<p>III. The Approved Continuing Education Providers in Section 005.02 are Factually Incorrect.</p> <p>The Accreditation Council for Continuing Medical Education (ACCME) is not a continuing education provider. As stated on their website, ACCME “accredits organizations that provide continuing medical education for physicians.”³ Therefore, Section 00.502(A) must be removed from the proposed regulation.</p> <p>The NBSTSA is not a continuing education provider. As stated on their website, NBSTSA “is solely responsible for all decisions regarding certification; from determining eligibility to maintaining, denying,</p>	

	<p>granting and renewing the designation.”⁴</p> <p>Therefore, Section 005.02(B) must be removed from the proposed regulation.</p> <p>AST is a continuing education provider for surgical assistants and should be included Section 005.02 as one.</p>	
<p>4. Josephine Colacci – AST</p> <p>Cynthia Kreps – AST & Southwest Community College</p>	<p>172 NAC 87 section 003.02(C), 005.02(F) and 005.04</p> <p>This credential (American Board of Surgical Assistants (ABSA) is not a desirable credential since there are no educational requirements attached. The Association of Surgical Technologist and Surgical First Assistant would preferred it not be recognized in the Surgical First Assist Act of Nebraska. It is a testing site for foreign medical doctors to practice as surgical first assist and is not nationally recognized</p>	
<p>5. John Tennity</p>	<p>The proposed language change by the NNA does not coincide with the statute – I do not think we should remove the definition of DELEGATE (002.03), nor should we modify whom is delegating, who is supervising, and what level of supervision (006, 007 B). The statute specifically addresses these</p> <p>(below) and specifically delineates the activities of the SFA</p>	

<p>6. John Tenny</p>	<p>According to the statute, 38-3511 (10) lists duties <i>but not limited to</i>, meaning reference to a nebulous ‘scope of practice’ could sow confusion, whereas the statute below is pretty clear</p> <p>38-3511. Licensed surgical first assistant; activities authorized. A licensed surgical first assistant may engage in the practice of surgical assisting, including, but not limited to, the following:</p> <ol style="list-style-type: none"> (1) Assisting in the intraoperative care of a surgical patient; (2) Positioning the patient; (3) Preparing and draping the patient for the surgical procedure; (4) Providing visualization of the operative site; (5) Assisting with hemostasis; (6) Assisting with closure of body planes, including the following: (a) Inserting running or interrupted subcutaneous sutures with absorbable or nonabsorbable material; (b) Utilizing subcuticular closure technique with or without adhesive skin closure strips; and (c) Closing skin with method indicated by surgeon, including, but not limited to, suture and staples; (7) Applying appropriate wound dressings; (8) Providing assistance in securing drainage systems to tissue; (9) Preparing specimens, such as grafts; and (10) Performing other tasks during a surgical procedure delegated by and under the personal supervision of a physician appropriate to the level of competence of the surgical first assistant. <p>Source: Laws 2016, LB721, § 11</p>	
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	I would recommend the language not be changed.	
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